



North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101  
Courier 56-20-02 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director  
919-733-3983

February 2, 2007

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:**

**ATTENTION: ADULT SERVICES SUPERVISORS AND PROGRAM MANAGERS  
SPECIAL ASSISTANCE SUPERVISORS  
SPECIAL ASSISTANCE CASEWORKERS**

**SUBJECT: REGISTRATION FOR SPECIAL ASSISTANCE IN-HOME TRAINING EVENTS**

The NC Division of Aging and Adult Services will offer three Special Assistance In-Home trainings during March 2007.

The one-day workshop is designed specifically for SA/In-Home caseworkers, SA supervisors, Adult Services SA/In-Home Case Managers and Adult Services Supervisors. There will be two major areas of training: 1) SA/In-Home eligibility and 2) SA/In-Home Case Management. Emphasis will also be placed on the collaborative process required between the SA/IH caseworker and the SA/IH Case Manager, in order to have a successful outcome. The workshops will be held at the following locations on the designated dates.

Martin County Community College Building 1, Room 14 1161 Kehukee Park Rd. Williamston, NC 27892	Friday March 2, 2007
Western Piedmont Community College Phifer Learning Resources Center Room 120 101 Burkemont Avenue Morganton, NC 28655	Tuesday March 6, 2007
Stanley County DSS 1000 North First St., Suite 2 Albemarle, N.C. 28001	Wednesday March 14, 2007

Brenda Porter, SA Program Coordinator in the Central Office, and the Adult Programs Representatives will conduct the training.

The training in Stanly County on March 14, 2007, is a make up for the training scheduled for January 19, 2007, which had to be cancelled due to adverse weather. The March 14th training was initially open only to those previously enrolled in the January 19<sup>th</sup> session. We have accommodated those enrollees, and there are still some slots open for the March 14<sup>th</sup> session.

The training scheduled for March 6, 2007, in Morganton is a partial make up for some who attended training on January 9, 2007. This site can accommodate 70 participants, and we still have a large number of slots available.

This is the first time the training in Martin County training on March 2, 2007, has been opened for registration.

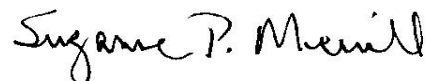
It is very important that both SA eligibility staff and Adults Services staff participate in this training. Counties may register up to 4 staff members (space permitting) for whichever training location is most convenient. Each training site has capacity limits. The workshops will begin with registration at 8:30 AM and end by 4:30 PM. Duplicate the attached registration form, as necessary, to accommodate the number of people attending the training event.

There is no registration fee; however, **pre-registration is required.** To ensure space availability at your chosen site, **please register at least 2 weeks prior to the date of your selected training event.** A completed registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, Adult Services Section, 2101 MSC, Raleigh, North Carolina, 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>. If you send in a registration form and do not receive a confirmation within five business days, please contact Monica Nealous. See below for contact information.

Should it be necessary to cancel or postpone any of these events due inclement weather, we will notify counties in advance.

Registrants will be sent a confirmation letter, directions to the training site, and a site telephone contact number. We regret that we are unable to provide refreshments. Participants are welcome to bring their own snacks and beverages to the training event. If you need additional SA/In-Home training information, you may contact Monica Nealous at (919) 733-3818, or your Adult Programs Representative.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive, flowing style.

Suzanne P. Merrill, Chief  
Adult Services Section

SPM/bp

AFS-01-2007

Attachment

## Adult Services Section, NC Division of Aging and Adult Services Registration Form

**Have you attended the prerequisites for this training event?**

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name?

"Goes By" Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American

☐ Latino/Hispanic

☐ Asian/Pacific Islander

☐ Native American/Eskimo

☐ Mixed Race

Home Phone (please include area code):

( ) \_\_\_\_\_

Work Phone & Extension (please include area code):

( ) \_\_\_\_\_

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_

County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_

Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

### Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

### Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

### Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

### Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

### Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

### Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

### Training Event

**To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached**

Training Event you are registering for: \_\_\_\_\_

Date(s) of Training Event: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

If you are replacing a registered co-worker, what is his/her name: \_\_\_\_\_

If you are making up a missed training day, which day are you making up? \_\_\_\_\_